

Prevalence and Consequences of Spouse Conflict in Primary Care

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Abstract

Objective The purpose of this study was to identify the prevalence, the potential risk factors and the consequences of spousal conflict among patients consulting physicians in a primary care setting.

Methods Stratified random sampling of 460 participants from a university primary care setting was conducted by using the spousal conflict questionnaires with Likert's scale. Its alpha coefficient reliability was 0.814. The percentage, chi-square, odds ratio, and logistic regression were used to analyze data.

Results Findings revealed that 83.9% of the sample had conflicts with their spouses during the previous 12 months. The conflict events occurred seldom and occasionally at 30.2%, while often (once or twice a month) and always (every week) at 59.1%. Young adult women and a high school level of education of men were less likely to have conflict with their spouses. One partner decision making was 1.698 times (95%CI 1.058-2.726) of having spousal conflict as compared to jointly decision making. Regular alcohol consumption by women was more likely to have conflict than by men at 4.589 times (95% CI 1.307-16.116) and 2.122 times (95% CI 1.413-3.187) respectively as compared to those who did not drink. Avoiding was the most commonly used conflict managing method, following by verbal abuse and physical abuse. After management of conflict, more closeness and affective bond among spouses was 17.3% and unpleasant relationship was 82.4%.

Conclusions Findings indicate that conflict between spouses is a prevalent health problem in primary care setting. The magnitude and patterns of conflict between spouses were established. During patient care, healthcare providers should take spousal relationship, conflicting matter between partnership and factors associated with violence into consideration in order to decrease and prevent escalating conflict and domestic violence.

Keywords : Primary care setting, Spousal conflict, Marital conflict, Prevalence, Consequences.

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INTRODUCTION

Spouse or spousal conflict which refers to the mental struggle between two individuals, husband and wife, resulting from incompatible or opposing needs, interests, drives, wishes, or external and internal demands, different identities and/or different attitudes^{1,2}, is a natural calamity of marital relationships.^{3,4} It is concealed and embedded within the family sustaining for a long time.⁵ Even saving face of self and other, and never pin an opponent down in all cultures⁴, spouses carry out whether the conscious or unconscious rudimentary choice to engage conflict. Avoidance, competition or power over style (threats, verbal aggressiveness and violence), compromise, accommodation and collaboration are the five major tactics through which couples manage their conflict.^{1,4-6} Unresolved conflict has tremendous negative impacts on interpersonal relationship, psychological suffering,⁷ mental health,⁸ physical health, and family health.^{1,4,9-11}

The potential risk factors of marital conflicts are money, housework, sex, work, children, in-laws, religion, friends, alcohol and drug usage, recreation, extra-marital affairs and decision making.^{3,6} The occurrence of conflict event among couples is varying from occasionally, once or twice a month, or continuing for many days.⁴ The significant risk factors of spousal conflict among Thai patients in primary care setting and frequency of spousal conflicts is largely unknown.

An out-patient clinic, Department of Family Medicine, Ramathibodi Hospital is a university primary care setting that provides holistic and continuing care for patients and families. We met psychologically-related symptoms such as anxiety, depression, stress, and somatization (insomnia, headache, and dyspepsia) were related to marital conflict. Marital conflict mediates insecurity and angry feelings in relationship, with leads to somatic symptoms.¹²

Thus, it may be possible that spousal conflict may have prevalent than current believed.

To prevent subsequent problems resulting from spousal conflict and its coping, it is important to learn an effective approach in dealing with interpersonal conflict, that contributes to overall mental health, physical health, family health and cut down the repeating damaging patterns that we see in our families.⁴ Therefore, it is the great prospect to study the spousal conflict in family primary care practice where the patients trust doctors and medical personnel enough to disclose and share their experience.

The present study sought to explore the prevalence of and risk factors for conflict stuck between spouses and its consequences.

METHODS

Design and Sample

This cross-sectional study was carried out in primary care unit, Ramathibodi Hospital, Mahidol University in Bangkok, Thailand. Permission was granted to conduct the study by Committee on Human Rights Related to Researches Involving Human Subjects. The participants who met the following criteria were included: aged 15 years and older, Thai-speaking, married or cohabiting spouse (live in partner).

Sample size of 371 participants was calculated based on a formula: $n = (Z^2PQ)/d^2$ where n = required sample size, $Z_{.05}$ = confidence interval at 95% with standard value of 1.96, p = estimate¹³ prevalence of spousal conflict in the project = 41% or 0.41, $q = 1-p = 0.59$, d = margin of error between 5 percent (standard value 0.05). Thirty percent of calculated sample size (111 participants) was added to prevent data lost.

Twelve patients from 3 of 20 consultation rooms per day were stratified randomly selected. The selected participants were approached in the waiting area with written

information which was described to each potential participant. Written informed consent was then provided to all participants. Four hundred and eighty participants completed questionnaires individually and privately within 30 minutes, without their spouses being presented. Only 460 participants (95.8%) completed all the information.

Survey Instrument

The spousal conflict questionnaire was developed by authors. The content reliability was approved by 2 specialists (one psychiatrist and one family physician) with internal reliability 0.814 by using the Cronbach's alpha coefficient.

The information of participants as well as the information of their spouses was provided by the participants. Hence, the data covered the 460 participants and 460 spouses. There were 4 parts in a set of questionnaire.

Part 1 was demographic characteristics (age, sex, personality), behaviors (alcohol consumption, drug used, gambling), social (marital status, duration of marriage and family system), socio-economic status (illness,

education, employment, income and debt) and cultural data.

Part 2 was spouse relationship (attitudes, affective bond, conflict, extramarital affair and household decision making).

Part 3 was causes and frequencies of conflict within past 12 months. The occurrence of conflict was divided into five-point Likert items as the following: 0 = never, 1 = seldom (conflict occur one to two events per year), 2 = sometimes (every other month or three to six events per year), 3 = often (every month, up to 1-2 events per month), and 4 = always (every week). The conflict occurrence score of 0 was classified as no conflict. The score of 1 and 2 were classified as occasionally conflict. Those who scored conflict occurrence as 3 and 4 were classified as spousal conflict in this study.

Part 4 reported conflict management styles and the consequences

Statistical Analysis

The data of both the participants and their spouses was analyzed. The percentage, mean and standard deviation, Chi-square, Odds Ratio (OR), logistic regressions were computed.

Table 1 Age characteristics of the participants (n = 460)

Age (years)	Female		Male		Total	%
	n	%	n	%		
15-24	7	2.3	-	-	7	1.5
25-34	53	17.7	20	12.5	73	15.9
35-44	65	21.7	36	22.5	101	21.9
45-54	113	37.7	54	33.8	167	36.3
55-64	54	18.0	32	20.0	86	18.7
≥65	8	2.7	18	11.3	26	5.7
Total	300	100.0	160	100.0	460	100.0

RESULTS

Demographic Characteristics

The approximate female to male ratio was 1.9:1 (Table 1). The mean age of the participants was 45.4 (SD 10.9) years for women (ranged from 18 to 71 years) and 49.2 (SD 11.8) years for men (ranged from 25 to 82 years).

The mean age of 160 wives was 45.7 (SD 11.0) years (ranged from 20 to 70 years) and 48.7 (SD 11.7) years for 300 husbands (ranged from 21 to 77 years). The mean age of husband was around 3.3-3.5 years more than the average age of wife.

Categories of Spouse Relationship and the Prevalence of Spousal Conflict

Table 2 The categories of spousal relationship

Categories of spousal relationship	Number	%
1. No any conflict	49	10.7
2. Occasionally conflict (seldom and sometimes)	139	30.2
3. Often and always conflict (spousal conflict)	272	59.1
Total	460	100.0

Table 2 shows three categories of spouse relationship: no conflict, occasionally conflict, and often and always conflict. The overall prevalence of spousal conflict was 89.3%. The prevalence of conflict relationship with husband as perceived by women participants

was 61.7% (185 of 300) as compare to the prevalence of conflict relationship with wives as perceived by men participants was 54.4% (87 of 160). The spousal conflict among female to male ratio was 2.1:1, however, there was no statistically significant difference.

The Association between Risk Factors of Spousal Conflict

Table 3 Factors related to spousal conflict

Variables	Gender				Total	
	Female (n=185)		Male (n=87)		Total (n=272)	
	n	(%)	n	(%)	n	(%)
1. Men's personality trait	136	73.5	57	65.5	193	71.0
2. Women's personality trait	102	55.1	60	69.0	162	59.6
3. Difference of opinion	46	24.9	12	13.8	58	21.3
4. Illness	25	13.5	14	16.1	39	14.3
5. Raising children	19	10.3	4	4.6	23	8.5
6. Extramarital affairs	14	7.6	2	2.3	16	5.9
7. Household income / debt	12	6.5	4	4.6	16	5.9
8. Relatives / extended family	12	6.5	2	2.3	14	5.1
9. Different careers	6	3.2	0		6	2.2
10. Different levels of education	6	3.2	0		6	2.2
11. Different economic status	1	0.5	0		1	0.4

Factors related to spousal conflict (Table 3) are described. The personalities of men and women (such as gallant in men, moody, temperament, fiery, impatient, bossy, grumbling, too controlling, isolation and attach to friend)

and extramarital affair were the factors that triggered spousal conflict statistically significant ($p < 0.01$).

While Table 4 indicates that age of women between 35-44 years old, education of men at

high school level, household decision making were related to spousal conflict significant statistically ($p < 0.05$).

Binary logistic regression analysis after adjusting for other covariates, age of women, education of male partners and household decision making were associated with spousal conflict. Women in the age group between 35-44 years were less likely to have conflict compared to the women aged more than 65 years (OR 0.198 with 95% CI 0.043-0.910). Men who had high school level of education were less likely to have conflict compared to the men who had higher education in Bachelor degree (OR 0.529 with 95% CI 0.313-0.894). One partner decision making was 1.698 times of having spousal conflict as compared to jointly decision making (OR 1.698 with 95% CI 1.058-2.726).

From Table 5, regular alcohol consumption both by women and men increased the spousal conflict 4.589 times (OR 4.589 with 95% CI 1.307-16.116) and 2.122 times (OR 2.122 with 95% CI 1.413-3.187) respectively as compared to those who did not drink.

The Conflict Management Styles and Consequences of Spousal Conflict

Spousal conflict has positive and negative consequences. There was 17.3% of participants (47 out of 272) expressed increasing positive feeling of closeness and more affective bond. Whereas negative effects covered 82.4% of conflict spouses (224 out of 272). Unpleasant relationship comprised three circumstances. The first was hanging conflict where couples remain in the conflict-active phase, because the conflict has not yet been resolved consisted of 67.3% (183 out of 272).

The second was ice-cold or ignore each other consisted of 9.6% (26 out of 272). The last was increased separateness (5.5%, 15 out of 272) and divorce (1.1%, 3 out of 272).

From Table 6, avoiding by quiescent behavior was the most commonly use method. Further, the competitive style and tactics consist of any non-productive verbal acts that lead to physical violence, verbal tactics and physical injuries. Women practiced more inconsiderate, sarcasm and irony, and using sharp object or weapon than men. While, men practiced more stomping out of the room or house than women. However, all consequences of conflict tactics happened due to interaction between them in all events.

Visible physical injuries comprised of 6.6% (18 out of 272) such as skin abrasions, bruises and scratches (9 out of 18; 50%), wounds sustained from sharp objects (1 out of 18; 5.6%), burns (1 out of 18; 5.6%), and 33% used other methods (6 out of 18). Nine women (50%) were physically abused by male partners. Three men (16.7%) were physically abused by female partners. Two of participants physically fought each other (11.1%). Four participants (22.2%) did not response to injury questionnaire. Four reported the need for medical attention. Two of them (11%) notified the police.

Couples reported having use from 1 to 10 tactics to resolve conflict. Most of them (70 out of 272; 25.7%) required three and follow by two tactics (67 out of 272; 24.6%). The three most commonly used tactics were avoiding, ignoring, and using meditation or relaxing or going out for exercise. Others were ventilating or discussing with someone, crying, angry, denying, forgetting, self blaming, using sleeping pill and destroying something.

DISCUSSION

This study revealed that the spousal conflict was prevalent in a primary care setting. Nine out of 10 couples (89.3%) experienced conflict which was higher than the prevalence of couple conflict in the previous study from Spain (80%).¹⁴ Furthermore, in this study, the spousal conflict occurred every month (up to 1-2 events per month), and every week, was found at approximately 6 out of 10 couples (59.1%).

More than half of both male and female couples point out that their spouses and their own personality traits were the main contributing factors triggering conflict. From the previous study¹⁵ revealed that personality traits of husbands and wives such as hostility and anger were related to marital adjustment and conflict where wives having a relatively greater role in maintaining relationship quality and de-escalating marital conflict. Personality trait is the most important factor for couple relationship. Personality incompatibility is the most frequently cited reason for divorce in Taiwan.¹⁶

The financial problems due to inadequate income and debt, alcohol consumption and extramarital affair were associated with spousal conflict. Alcohol consumption in women increased the risk of conflict 4.6 times more than women who had mild and did not have conflict. Alcohol consumption in men increased the risk of conflict 2.1 times more than men who had mild and did not have conflict. The recent study¹⁷ found that 30.2% of the intimate partner violence (IPV) reported alcohol attachment. Alcohol use was twice the risk of severe IPV than mild IPV. Alcohol consumption in female were more likely to develop both severe male-to-female partner violence or female-to-male partner violence compared to mild IPV.¹⁶ Alcohol consumption increased the risk of violence as well.⁵

The family is a system where individuals with very close relationships are frequently interacted.¹⁸ Family decision can lead to disagreements and even conflicts between the spouses.¹⁸ In fact, the results of this study showed that there were conflicts among spouses about the decision making in family business. One partner decision making was 1.68 times more likely to have conflict than joint decision making.

Despite perceived negative consequences of spousal conflict, 17.3% reported that their relationship become closer and more affectionate toward each other. Conflict can also lead to a better appreciation of one's partner if manage appropriately.⁷⁻⁹ Unresolved conflict may lead to the violence.¹⁹ We found that non-verbal abuse, verbal abuse, physical abuse (both visible and non visible) were the consequences of spousal conflict. Physical injuries were associated with confrontation and retaliation between conflict couples by 23 times as compared to couples who did not confront and retaliate.²⁰

Most of our participants (76.5%) managed their conflict by using avoidance which is simply an alternative mode of conflict expression. Probably, because they try to avoid loss of face by defending their self-images against humiliation, embarrassment or demeaning communication.⁴ However, it never works in the long run.⁴ Attempts to stop a conflict by physical aggression and visible injuries were 13.6% and 6.6% respectively as compared to 30% and 10% of American married couples.⁴ Extensive overdo of power may solve a problem transiently.⁴ Losers wait for a time and place to make it right, either by getting back or leaving the relationship.⁴ Separation and divorce was found 1.8% among conflict spouses in this study.

Table 4 The association between various characteristics and spousal conflict in the past 12 months

Variables	Conflict in the past 12 months			Unadjusted		Adjusted	
	Total n=460	Yes n=272	No n=188	OR	95%CI	OR	95%CI
	n (%)	n (%)	n (%)				
Age of female participants and partners (years)							
15-24	9(2.0)	4(1.5)	5(2.7)	1.60	0.29-8.74	1.22	0.01-15.42
25-34	76(16.5)	51(18.8)	25(13.3)	4.08	1.26-13.22	0.19	0.03-1.06
35-44	110(23.9)	77(28.3)	33(17.6)	4.67	1.48-14.71	0.20	0.04-0.91
45-54	163(35.4)	93(34.2)	70(37.2)	2.66	0.87-8.12	0.49	0.13-1.85
55-64	87(18.9)	429(15.4)	45(23.9)	1.87	0.59-5.91	0.72	0.21-2.49
≥65	15(3.3)	5(1.8)	10(5.3)	reference		reference	
Age of male participants and partners (years)							
15-24	4(0.9)	3(1.1)	1(0.5)	4.17	0.40-43.38	0.38	0.02-9.34
25-34	57(12.4)	36(13.2)	21(11.2)	2.38	1.06-5.35	1.70	0.39-7.31
35-44	98(21.3)	63(23.2)	35(18.6)	2.50	1.20-5.20	1.41	0.42-4.76
45-54	156(33.9)	97(35.7)	59(31.4)	2.28	1.15-4.53	0.78	0.30-2.00
55-64	102(22.2)	55(20.2)	47(25.0)	1.63	0.79-3.34	0.73	0.32-1.65
≥65	43(9.3)	18(6.6)	25(13.3)	reference		reference	
Education of female participants and partners							
Elementary/none	136(29.6)	78(28.7)	58(30.8)	1.10	0.69-1.74	0.95	0.48-1.89
High school	166(36.1)	107(39.3)	59(31.4)	1.48	0.95-2.31	0.86	0.50-1.47
Bachelor degree	158(34.3)	87(32.0)	71(37.8)	reference		reference	
Education of male participants and partners							
Elementary/none	103(22.4)	53(19.5)	50(26.6)	1.03	0.63-1.70	1.21	0.59-2.49
High school	199(43.3)	139(51.1)	60(31.9)	2.26	1.46-3.49	0.53	0.31-0.89
Bachelor degree	158(34.3)	80(29.4)	78(41.5)	reference		reference	
Marital status							
Registered	93(20.2)	59(21.7)	34(18.1)	1.26	0.78-2.01	0.99	0.92-1.06
Non-registered	367(79.8)	213(78.3)	154(81.9)	reference		reference	
Duration of marriage (years)							
1-4	39(8.5)	27(9.9)	12(6.4)	1.84	0.89-3.80	0.67	0.21-2.10
5-9	56(12.2)	39(14.4)	17(9.0)	1.88	1.01-3.50	0.74	0.29-1.86
10-14	55(12.0)	31(11.4)	24(12.8)	1.06	0.59-1.90	1.54	0.66-3.60
15-19	59(12.8)	37(13.6)	22(11.7)	1.38	0.77-2.47	1.06	0.51-2.18
≥20	251(54.6)	138(50.7)	113(60.1)	reference		reference	
Family system							
Extended/jointed	107(23.3)	69(25.4)	38(20.2)	1.34	0.86-2.10	1.16	0.71-1.87
Nuclear	353(76.7)	203(74.6)	150(79.8)	reference		reference	
Household income							
Inadequate	89(19.3)	65(23.9)	24(12.8)	2.15	1.29-3.58	1.05	0.99-1.12
Adequate	371(80.7)	207(76.1)	164(87.2)	reference		reference	
Debt							
Present	149(32.4)	100(36.8)	49(26.1)	1.65	1.10-2.48	1.03	0.76-1.39
Absent	311(67.6)	172(63.2)	139(73.9)	reference		reference	
Decision making							
One partner	128(27.8)	86(31.6)	42(22.3)	1.61	1.05-2.47	1.70	1.10-2.73
Shared	332(72.2)	186(68.4)	146(77.7)	reference		reference	

Table 5 The association between various behaviors and spousal conflict

Variables	Conflict in the past 12 months			Unadjusted		Adjusted	
	Total	Yes	NO	OR	95%CI	OR	95%CI
	n (%)	n (%)	n (%)				
Job (Female)							
No	124(27.0)	79(29.0)	45(23.9)	1.30	0.85-1.90	1.45	0.92-2.28
Yes	336(73.0)	193(71.0)	143(76.1)	Reference			
Job (male)							
No	34(7.4)	15(5.5)	19(10.1)	0.52	0.26-1.05	0.60	0.29-1.26
Yes	426(92.6)	257(94.5)	169(89.9)	Reference			
Alcohol (female)							
Yes	24(5.2)	21(7.7)	3(1.6)	5.16	1.52-17.56	4.59	1.31-16.12
No	436(4.8)	251(92.3)	185(98.4)	Reference			
Alcohol (male)							
Yes	198(43.0)	139(51.3)	59(31.6)	2.29	1.55-3.37	2.12	1.41-3.19
No	260(56.0)	132(48.7)	128(68.4)	Reference			
Gambling (female)							
Yes	90(19.6)	59(21.7)	31(16.5)	1.40	0.87-2.27	1.44	0.80-2.58
No	370(98.4)	213(78.3)	157(83.5)	Reference			
Gambling (male)							
Yes	116(25.2)	68(25.0)	48(25.5)	0.97	0.63-1.49	0.64	0.38-1.09
No	344(74.8)	204(75.0)	140(74.5)	Reference			

Table 6 Conflict management styles and consequences (n = 272)

Consequences	Men Act (n)	%	Women Act (n)	%	Both	%	Total	%
Quiescent	23	8.5	83	30.5	102	37.5	208	76.5
Non-verbal acts								
Stomped out of the room or house	56	20.6	36	13.2	28	10.3	120	44.1
Verbal acts								
Scold, shout, bawl, yell	32	11.8	29	10.7	63	23.2	124	45.6
Sarcasm, irony	34	12.5	40	14.7	47	17.3	121	44.5
Physical acts								
Throwing objects	13	4.8	15	5.5	9	3.3	37	13.6
Intimidate	11	4.0	10	3.7	13	4.8	34	12.5
Shove, pull, pinch, slap, punch, kick	11	4.0	9	3.3	14	5.1	34	12.5
Smash with rod	14	5.1	6	2.2	5	1.8	25	9.2
Use sharp object or weapon	-	-	3	1.1	1	0.4	4	1.5

CONCLUSIONS

In this study, we have shown that conflict between spouses is considered a prevalent health problem in primary care setting. We have established the magnitude and patterns of conflict between the partners. During patient care, one should take spousal relationship, conflicting issue between partnership and factors associated with violence into consideration in order to prevent escalating conflict and violence.

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Conflict of Interest There were no any conflict of interest.

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